

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 52530
2. Name of Operator: MAGPIE OPERATING, INC
3. Address: 2707 SOUTH COUNTY RD 11
City: LOVELAND State: CO Zip: 80537
4. Contact Name: RYAN WARNER
Phone: (720) 233-0875
Fax:
Email: MAGPIEOIL@YAHOO.COM

5. API Number 05-069-06159-00
6. County: LARIMER
7. Well Name: PROCTOR-SKAER
Well Number: 1-A
8. Location: QtrQtr: SWNW Section: 31 Township: 5N Range: 68W Meridian: 6
9. Field Name: LOVELAND Field Code: 52000

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 06/21/1983
Perforations Top: 4843 Bottom: 4853 No. Holes: 21 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

CEMENT PLUG USED DUMP BAILER TO SPOT 85 GAL SAND & 32 GAL CEMENT THROUGH THE CODELL PERFS TO PLUG OFF.

This formation is commingled with another formation: [X] Yes [] No
Total fluid used in treatment (bbl):
Max pressure during treatment (psi):
Total gas used in treatment (mcf):
Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment:
Min frac gradient (psi/ft):
Total acid used in treatment (bbl):
Number of staged intervals:
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl):
Fresh water used in treatment (bbl):
Disposition method for flowback:
Total proppant used (lbs):
Rule 805 green completion techniques were utilized: []
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: UNK, POSSIBLE CASING LEAK

Date formation Abandoned: 10/28/1992 Squeeze: [X] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: RYAN WARNER
Title: VP Date: 5/8/2015 Email: MAGPIEOIL.YAHOO.COM
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2438449	FORM 5A SUBMITTED
2438450	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)